

CITY OF FAYETTEVILLE  
240 GLYNN STREET SOUTH  
FAYETTEVILLE, GA. 30214  
770-461-6029

OCCUPATIONAL TAX/PERMIT APPLICATION

<input type="checkbox"/> Single Proprietor	<input type="checkbox"/> Alcohol On-Premise	DUE DATE	01-01-2006
<input type="checkbox"/> Corporation/Partnership	<input type="checkbox"/> Alcohol Off-Premise	PENALTY APPLIED	04-01-2006
<input type="checkbox"/> Home Occupation	<input type="checkbox"/> Catering Permit	CITATIONS ISSUED	05-01-2006
<input type="checkbox"/> Non-Profit Organization			

Application Completed By: \_\_\_\_\_

Business Name \_\_\_\_\_

Applicant / Manager / Owner \_\_\_\_\_

Business Address \_\_\_\_\_

Mailing/Billing Address for Business \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Business Telephone Number \_\_\_\_\_

Applicant/Owner's Phone Number \_\_\_\_\_

Name of Property Owner \_\_\_\_\_

SSN/FEI # \_\_\_\_\_

Address \_\_\_\_\_

State Tax # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

U.S. Citizen? \_\_\_\_yes \_\_\_\_no  
If not, attach copy of green card.

Nature or Character of Business \_\_\_\_\_

GROSS REVENUE INFORMATION: \$ \_\_\_\_\_

Report: Actual/Estimated Gross Revenues for Calendar Year 2006  
ALL REVENUE INFORMATION CONFIDENTIAL (GEORGIA LAW)

**CATERING PERMIT ONLY**

Existing Business License # \_\_\_\_\_ Existing Alcohol License \_\_\_\_\_

Event Location: \_\_\_\_\_ Event Date: \_\_\_\_\_

\_\_\_\_\_ Time: \_\_\_\_\_

Event Description: \_\_\_\_\_  
\_\_\_\_\_

CITY OF FAYETTEVILLE

Date: \_\_\_\_\_

Property Address: \_\_\_\_\_

Type of Business: \_\_\_\_\_

Owner of Business: \_\_\_\_\_

Business Name: \_\_\_\_\_

The following signatures are required prior to applying for a business license. Please return completed form to the Occupational Tax Clerk.

**PLANNING AND ZONING:** Eldridge Gunn (770-461-6029) In Main Street District: \_\_\_\_ Yes \_\_\_\_ No

Date: \_\_\_\_\_ By: \_\_\_\_\_

Comments: \_\_\_\_\_

SIGNS: Will new signs be installed for the business or changes made to existing signs? \_\_\_\_ Yes \_\_\_\_ No

If yes, has sign permit been approved? \_\_\_\_ Yes \_\_\_\_ No Sign Permit # \_\_\_\_\_

ALCOHOL: Serving or Retail Sale? \_\_\_\_ Yes \_\_\_\_ No \_\_\_\_ If yes, does location meet distance requirements for schools, churches, residences, etc., as described in City Ordinance Sec. 10-34(6)(a)(b)? Yes \_\_\_\_ No \_\_\_\_

**WATER AND SEWER/FINANCE:** Ellen Walls or designee (770-461-6029)

Date: \_\_\_\_\_ By: \_\_\_\_\_

Comments: \_\_\_\_\_

**WATER AND SEWER/SERVICE:** Jeanette Corley or designee (770-461-6029)

Has service been applied for? Yes \_\_\_\_ No \_\_\_\_

Date: \_\_\_\_\_ By: \_\_\_\_\_

**FIRE DEPARTMENT:** Marty Mundok or designee (770-461-4548)

Date: \_\_\_\_\_ By: \_\_\_\_\_

Comments: \_\_\_\_\_

**BUILDING DEPARTMENT:** Tony Haponski or designee (770-461-6029) (***WILL SIGN LAST***)

Date: \_\_\_\_\_ By: \_\_\_\_\_

Comments: \_\_\_\_\_

**POLICE DEPARTMENT (Alcohol only):** Police Chief or designee (770-461-4441)

Date: \_\_\_\_\_ By: \_\_\_\_\_

Comments: \_\_\_\_\_

FAYETTE COUNTY E-9-1-1 COMMUNICATIONS

EMERGENCY CONTACT FORM

Name of Business: \_\_\_\_\_

Business Address: \_\_\_\_\_

Business Phone Number \_\_\_\_\_

Business Owner(s) Name: \_\_\_\_\_

Owner(s) Home Phone Number: \_\_\_\_\_  
(Emergency use only)

Building Owner: \_\_\_\_\_

Building Owner's Phone Number: \_\_\_\_\_

Emergency Contact: (Someone who can gain access to the business after normal business hours in case of:  
Fire, Burglar Alarm, or Other Emergency)

1) Name \_\_\_\_\_ Phone # \_\_\_\_\_

2) Name \_\_\_\_\_ Phone # \_\_\_\_\_

3) Name \_\_\_\_\_ Phone # \_\_\_\_\_

City Hall will send a copy of this form to: Fayette County E-9-1-1- Communications  
140 Stonewall Avenue West  
Fayetteville GA 30214  
(770) 461-4357

## NEW OCCUPATIONAL TAX

Alcohol On-Premise ( )  
Alcohol Off-Premise ( )  
Restaurant ( )

New Business ( )  
New Business Owner ( )  
New Location ( )  
Name Change ( )  
Home Occupation ( )

Business Located in Main Street District: \_\_\_\_Yes \_\_\_\_No  
If so, how many employees? \_\_\_\_\_

DATE: \_\_\_\_\_

PHONE: \_\_\_\_\_

\_\_\_\_\_  
BUSINESS NAME

\_\_\_\_\_  
BUSINESS ADDRESS

\_\_\_\_\_  
CONTACT PERSON

\_\_\_\_\_  
TYPE OF BUSINESS

## OCCUPATIONAL TAX CERTIFICATE

### DEPARTMENTAL APPROVALS

Prior to the issuance of an occupational tax certificate, application must be approved by each of the following departments. **Please call each department to make an appointment.**

Zoning Department Eldridge Gunn	770-461-6029, Extension 4178
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Water Department Ellen Walls	770-460-4237
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Fire Department Marty Mundock	770-461-4548
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Building Department Tony Haponski	770-461-6029, Extension 4068
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Fayette County Health Dept. (Restaurants and Food Service)	770-460-5730, Extension 5415
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Copy of Health Department certificate required before city license is issued.

Copy of state license required where applicable (hair salons, etc.)

**IF YOUR BUSINESS MOVES FROM ONE LOCATION IN THE CITY OF FAYETTEVILLE TO ANOTHER, YOU MUST COMPLETE A NEW OCCUPATIONAL TAX (BUSINESS LICENSE) APPLICATION, COMPLETE WITH DEPARTMENTAL APPROVALS, TO ENSURE THAT YOUR NEW LOCATION MEETS THE REQUIREMENTS OF CITY ORDINANCES, AND TO PROVIDE CURRENT EMERGENCY CONTACT INFORMATION FOR THE FAYETTE COUNTY E-911 COMMUNICATIONS CENTER.**

**IF YOUR BUSINESS IS CLOSED OR MOVES OUT OF THE CITY LIMITS OF FAYETTEVILLE, PLEASE NOTIFY THE OCCUPATIONAL TAX OFFICE (770-461-6029) SO THAT YOUR ACCOUNT WITH THE CITY WILL BE CLOSED.**

**THIS LICENSE DOES NOT TRANSFER FROM ONE OWNER TO ANOTHER. THE NEW BUSINESS OWNER IS REQUIRED TO COMPLETE AND SUBMIT AN APPLICATION TO CITY HALL.**